## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

46440

CLAIMS AS FILED - PART I  (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			(0					RATE	FEE	) 	RATE	`FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			minus 20= * *		* " `	0		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			↑ minus 3 =       ↑			<b>©</b>	. ,	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	150
CLAIMS AS AMENDED - PART II								SMALL ENTITY			OTHER THAN R SMALL ENTITY	
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMALL		OR	SWALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	. "
AME	Independent	* NTATION OF M	Minus	*** PENDENI	CL AIM	=		X42=		OR	X84=	
	TITOTTTEOL	TVITOIV OF M	OLIN EL DEI	LIVOLIV	·	χ	]	+140=	,	OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	E DEPENDENT CLA		=		X42=		OR.	X84=	*
ļ.,	FINOT FRESE	NIATION OF M	OLITE DEF	ENDEN	CLAIM		J	+140=		OR	+280=	
										OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3							ADDIT. FEE				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF M	Minus	***	T CL AIM	=	4	X42=		OR	X84=	
	FIRST PRESE	ENTATION OF M	OLTIPLE DEF	ZEINDEIN	CLAIN	<u> </u>	<b>]</b> .	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR											TOTAL ADDIT. FEE	
		imber Previously F nber Previously Pa					er fo	und in the ap	propriate bo	x in co	olumn 1.	